

Date of Hearing: July 16, 2025

Fiscal: Yes

ASSEMBLY COMMITTEE ON PRIVACY AND CONSUMER PROTECTION

Rebecca Bauer-Kahan, Chair

SB 278 (Cabaldon) – As Amended June 19, 2025

SENATE VOTE: 38-0

PROPOSED AMENDMENTS

SUBJECT: Health data: HIV test results

SYNOPSIS

According to the most recent data, approximately 142,700 Californians are living with HIV and approximately are 45,000 Medi-Cal beneficiaries. Of those Californians, in 2023, 75.1% were in HIV care and 66.5% achieved viral suppression. Due to the historical stigma and discrimination associated with HIV/AIDs, California law restricts the sharing and disclosure of HIV-related data and includes specific penalties for unauthorized disclosure. These HIV-specific restrictions have been put in place over the years to protect people living with HIV from undesired disclosure of their HIV status.

The goal of this bill is to increase those numbers by creating incentive programs that are designed to reduce the viral load of Medi-Cal beneficiaries. The bill allows the Department of Public Health (DPH) Human Immunodeficiency Virus (HIV) surveillance staff to disclose all personally identifying HIV test results to the Department of Health Care Services (DHCs) and Medi-Cal managed care plans without patient consent for purposes of implementing quality improvement programs designed to improve HIV care for Medi-Cal beneficiaries.

The question before this Committee is whether or not the sharing of all personally identifiable viral load test results, without the consent of the patient, is too great a privacy risk to take with the hope of achieving better outcomes for the one-third of people living with HIV who are Medi-Cal beneficiaries. The author has agreed to accept Committee amendments that reduce the privacy risk by limiting the sharing to the physicians of Medi-Cal beneficiaries and their Medi-Cal managed care plans. (See Comment # 6 for amendment details.)

This bill is an LGBTQ Caucus priority bill and it is sponsored by the San Francisco AIDs foundation. It enjoys the support of approximately one dozen advocacy organizations and has no opposition.

This bill was previously heard by the Health Committee, where it passed on a 15-0-1 vote.

THIS BILL:

- 1) Authorizes, notwithstanding existing penalties and prohibitions on disclosure of HIV test results, personally identifying HIV test results from every Californian to be disclosed by the Department of Public Health (DPH) to the Department of Health Care Services (DHCs) and Medi-Cal managed care plans without the person's consent.

- 2) Allows the disclosure of test results for the purpose of administering quality improvement programs for Medi-Cal beneficiaries, including, but not limited to, value-based payment programs and healthy behavior incentive programs designed to improve HIV care.
- 3) Requires DHCS to develop an opt-out mechanism from the disclosure for Medi-Cal recipients.
- 4) Limits disclosure to a health plan licensed by the Department of Managed Health Care to a Medi-Cal managed care plan to which a Medi-Cal beneficiary is assigned.
- 5) Specifies privacy and confidentiality protections, as well as prohibitions on willful, malicious, or negligent disclosure of HIV test results and related penalties, apply to the HIV test result data shared under these provisions.
- 6) Expands the application of current-law prohibitions on further disclosure of HIV test results; specifically, prohibits further disclosure to any federal agency or any authority in another state unless otherwise required by federal law.

EXISTING LAW:

- 1) Provides, pursuant to the California Constitution, that all people are by nature free and independent and have inalienable rights. Among these is the fundamental right to privacy. (Cal. Const. art. I, § 1.)
- 2) Establishes the CMIA to protect an individual's medical information from unauthorized disclosure by providers of health care. Provides an individual right of action for a patient whose information was disclosed in violation of CMIA's provisions. (Civ. Code § 56 et seq.)
- 3) Defines "medical information," for the purposes of the CMIA, as any individually identifiable information, in electronic or physical form, that is in possession of or derived from a provider of health care, health care service plan, pharmaceutical company, or contractor regarding a patient's medical history, mental health application information, reproductive or sexual health application information, mental or physical condition, or treatment. Specifies that "individually identifiable" information means medical information that includes any element of personal identifying information sufficient to allow the individual to be identified. (Civ. Code 56.05(j).)
- 4) Prohibits providers of health care, health care service plans, or contractors from disclosing medical information regarding a patient of the provider of health care or an enrollee or subscriber without first obtaining authorization, except for as provided. Specifies that a provider of health care, health care service plan, or a contractor must disclose medical information if the disclosure is compelled by:
 - a) A court order.
 - b) A board, commission, or administrative agency for purposes of adjudication.
 - c) A party to a proceeding before a court or administrative agency pursuant to a subpoena, subpoena duces tecum, notice to appear, or any provision authorizing discovery in a proceeding before a court or administrative agency.

- d) A board, commission, or administrative agency pursuant to an investigative subpoena.
 - e) An arbitrator or arbitration panel, when arbitration is lawfully requested by either party.
 - f) A search warrant lawfully issued to a governmental law enforcement agency.
 - g) A patient or patient's representative.
 - h) A medical examiner, forensic pathologist, or coroner when requested in the course of an investigation, as specified.
 - i) When otherwise specifically required by law. (Civ. Code § 56.10(b).)
- 5) Establishes the Medi-Cal program, which is administered by DHCS, and under which qualified low-income individuals receive health care services. (Welf & Inst. Code § 14000, *et seq.*)
 - 6) Defines a Medi-Cal managed care plan as any individual, organization, or entity that enters into a comprehensive risk contract with DHCS to provide covered full-scope health care services to enrolled Medi-Cal beneficiaries. (Welf & Inst. Code § 14184.101.)
 - 7) Requires DHCS to develop a value-based payment program aimed at improving chronic disease management, which requires Medi-Cal plans to give incentive payments to qualified network providers who meet designated performance standards or partial incentive payments for exceeding standards. (Welf & Inst. Code § 14188.1.)
 - 8) Requires health care providers and laboratories to report cases of HIV infection to local health officers using patient names on a form developed by DPH. (Health. & Saf. Code § 121022.)
 - 9) Provides various protections for the confidentiality of HIV test results and the identity of the person who took the test, including a prohibition on compelled disclosure of identifying information regarding HIV tests in civil, criminal, administrative, or legislative proceedings, and establishes civil penalties for negligently disclosing the result of such a test in a manner that identifies or provides identifying characteristics of the person to whom the test results apply. (Health. & Saf. Code §§ 120975, 120980.)
 - 10) Prohibits the disclosure of the results of an HIV test to any third party in a manner that provides identifying characteristics of the subject of the test, except to the physician who ordered the test or the subject's health care providers for the purposes of diagnosis, care, or treatment of the patient. Excludes state-regulated health care service plans from being considered health care providers. (Health. & Saf. Code §§ 120980, 120985.)
 - 11) Prohibits DPH or a local public health agency from disclosing public health records related to HIV/Acquired Immune Deficiency Syndrome (AIDS) except for public health purposes or pursuant to a written authorization by the person whose record it is or their guardian or conservator. (Health. & Saf. Code § 121025.)
 - 12) Provides an exemption from the prohibition against disclosure of personal information, that allows for the disclosure of personally identifying information in public health records related to HIV/AIDS to DPH or other local or federal public health agency or collaborating

researchers when the confidential information is necessary to carry out the duties of the agency or researcher in the investigation, control, or surveillance of disease, or the coordination of, linkage to, or reengagement in care for a person or persons as determined by DPH or the local public health agency, provided that information is otherwise kept confidential. (*Ibid.*)

- 13) Authorizes the disclosure of personally identifying information in public health records related to HIV/AIDS by specified state and local public health staff to the HIV-positive person or health care provider for the purpose of proactively offering and coordinating care and treatment services to the HIV-positive person. (*Ibid.*)

COMMENTS:

- 1) **Author’s statement.** According to the author:

Nearly one-third of Californians living with HIV rely on Medi-Cal for their healthcare. Yet, about one in four of these individuals are not receiving essential care, such as viral load testing. Under current law, managed care organizations responsible for coordinating this care are restricted from accessing key tools that could improve health outcomes.

Due to existing law, incentive programs—such as value-based payment programs that reward quality improvement—cannot be used to support HIV-positive Medi-Cal recipients. This limitation prevents providers from utilizing performance-based funding to enhance care for this vulnerable population.

SB 278 will allow Medi-Cal enrollees living with HIV to benefit from these programs by allowing viral load data to be shared confidentially for the purpose of administering quality improvement programs. This change will ensure that Medi-Cal enrollees living with HIV can benefit from the same incentive-driven improvements in care as other patients.

- 2) **HIV in California.** According to the Health Committee analysis:

HIV is a virus that attacks the body's immune system. Without treatment, it can lead to AIDS. In California, HIV is mostly transmitted through sexual contact and, to a lesser extent, through injection drug use, although there are other, less common transmission routes such as perinatal transmission (from a birthing parent to a child). Although there is no cure for HIV, it can be effectively treated and the “viral load” (the amount of the virus present in the body) can be controlled. Surveillance and prevention of HIV transmission and treatment for HIV/AIDS are significant public health challenges worldwide. In California, the DPH Office of AIDS works with local health jurisdictions to collect, analyze, and disseminate surveillance data on people living and diagnosed with HIV in California. DPH receives laboratory data on HIV tests, which are reported to local and state public health agencies on a mandatory basis.

Despite national, state, and local public health efforts over the last decade to “get to zero” new HIV infections, California still has a significant number of new infections annually. According to DPH:

1. From 2019 through 2023, both the annual number and rate of new HIV diagnoses increased in California. The number of new diagnoses increased by 6.0%, from 4,669

in 2019 to 4,948 in 2023, while the rate of new diagnoses per 100,000 population increased by 5.1%, from 11.7 to 12.3 during the same time period.

2. From 2019 through 2023, the number of persons in California living with diagnosed HIV infection increased from approximately 137,777 to over 143,000.
3. In 2023, the prevalence rate of diagnosed HIV infection was 355.0 per 100,000 population, compared to 346.5 in 2019, an increase of 2.5%.
4. Of the 143,254 people in California living with diagnosed HIV infection in 2023, 75.1% were in HIV care and 66.5% achieved viral suppression. Viral suppression in HIV-positive individuals, through treatment with HIV drugs, is critical to prevent new infections because a person living with HIV who is being treated and maintains an undetectable viral load has zero risk of transmitting HIV to their sexual partners. This concept is sometimes called “Undetectable = Untransmittable,” or “U=U”. Ending the HIV Epidemic in the US, a federal effort of the Centers for Disease Control and Prevention (CDC) as of late 2024, had a goal of increasing linkage to care and viral suppression to 95% of HIV-positive individuals.

HIV disproportionately affects certain groups of people. Over 80% of people newly diagnosed with HIV infection in California from 2019-2023 were men. Men who have sex with men (MSM) make up a shrinking but still-large share of all the people newly diagnosed (falling from about 72% in 2019 to about 62% in 2023). According to the “*Ending The Epidemics: Implementation Blueprint*” published by DPH in 2023, people who are Black/African Americans are more likely to be living with diagnosed HIV than any other race/ethnicity in California compared to their population size (this group makes up 17% of people with HIV despite representing only 6% of the population in California). As of 2019, a disproportionate number of new HIV infections are among Black (17% of new infections vs. 6% population size) and Latino (50% of new infections vs. 39% population size) Californians. Young Black and Latino gay and bisexual men and Black heterosexual women are becoming infected with HIV at especially high rates. Transgender women were overrepresented among new HIV diagnoses in 2019, especially transgender women of color.

3) Data-Sharing Restrictions. Due to the historical stigma and discrimination associated with HIV/AIDs, California law restricts the sharing and disclosure of HIV-related data and includes specific penalties for unauthorized disclosure. These HIV-specific restrictions have been put in place over the years to protect people living with HIV from undesired disclosure of their HIV status.

Although general federal and state medical privacy and confidentiality laws, as well as HIV-specific laws, offer protection against undesired disclosure of a person’s HIV status, the Health Committee notes that “the inability to share data can sometimes pose difficulties for health care and public health entities looking to identify, prevent, and treat HIV.”

4) What this bill would do. As currently drafted, this bill would allow the sharing of personally identifying HIV test results for everyone in California living with HIV to help facilitate better care for HIV-positive people in Medi-Cal managed care. Specifically, this bill would do the following:

1. Require the Department of Public Health (DPH) share test results and personal identifying information of the approximately 142,700 Californians who are HIV positive with the Department of Health Care Services (DHCS), without first seeking the consent of those individuals.¹
2. Require DHCS to share the approximately 45,000 Medi-Cal beneficiaries² test result data with the managed care plan to which the person is assigned for the purpose of administering quality improvement programs designed to improve HIV care for Medi-Cal beneficiaries.
3. Require DHCS, in consultation with DPH, to develop a mechanism that allows the Medi-Cal beneficiaries to opt out of the disclosure of their test results.
4. Prohibits the further sharing of results that identifies or provides identifying characteristics of the person to whom the test results apply, unless that person or their authorized representative provides written authorization.

5) **Analysis.** The question before this Committee is whether or not the risks associated with sharing the personally identifying test results of everyone living with HIV is offset by the hope that DHCS will be able to create a program improvement plan that will improve outcomes for Medi-Cal beneficiaries. Given the federal administration's open attacks on LGBTQ+ people and recent disclosures about the sharing of protected health care information, this question potentially takes on more significance than it otherwise would.

The federal government's war on the LGBTQ+ community. Despite the President disavowing knowledge of Project 2025³, a large number of the principles outlined in that document have shown up in the federal administration's policies. Among them are the following:

1. "It is the policy of the United States to recognize two sexes, male and female. These sexes are not changeable and are grounded in fundamental and incontrovertible reality."⁴

One troubling example of the federal government's commitment to denying the validity of the continuum of gender identity can be found on the Center for Disease Control website on pages related to HIV⁵:

¹ *California HIV Surveillance Report – 2022*, California Department of Public Health (Feb. 9, 2024) <https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/California-HIV-Surveillance-Report-2022.pdf>.

² According to the Health Committee's analysis of the bill, almost one-third of people living with HIV in California are Medi-Cal beneficiaries.

³ Released in 2023, Project 2025 is an extensive set of plans by the Heritage Foundation designed to provide a roadmap for "the next conservative President" to downsize the federal government and fundamentally change how it works, including the tax system, immigration enforcement, social welfare programs and energy policy, particularly those designed to address climate change. In addition, it contains policies for what conservatives over the last 40 years as "traditional family values." A 900 page summary, *Mandate for Leadership: The Conservative Promise*, of the 20-volume, 3,000 page "governing handbook" is available at <https://www.mandateforleadership.org/>.

⁴ January 20, 2025 Executive Order <https://www.whitehouse.gov/presidential-actions/2025/01/defending-women-from-gender-ideology-extremism-and-restoring-biological-truth-to-the-federal-government/> and Project 2025, Chapter 11.

⁵ <https://www.cdc.gov/hiv/health-equity/index.html>.

Per a court order, HHS is required to restore this website as of 11:59PM ET, February 14, 2025. Any information on this page promoting gender ideology is extremely inaccurate and disconnected from the immutable biological reality that there are two sexes, male and female. The Trump Administration rejects gender ideology and condemns the harms it causes to children, by promoting their chemical and surgical mutilation, and to women, by depriving them of their dignity, safety, well-being, and opportunities. This page does not reflect biological reality and therefore the Administration and this Department rejects it.

2. “Eliminat[e] Federal funding or support for illegal and discriminatory treatment and indoctrination in K-12 schools, including based on gender ideology and discriminatory equity ideology.”⁶
3. A number of the President’s policy goals, also outlined in Project 2025, include prioritizing “traditional families,” a decades-old phrase that denies the validity of the diversity of family structures, by limiting the notion of family to “a married mother and father and their children.”

Prioritizing messaging and policies to promote “traditional families.” Project 2025 states:

Families comprised of a married mother, father, and their children are the foundation of a well-ordered nation and healthy society. Unfortunately, family policies and programs under President Biden’s HHS are fraught with agenda items focusing on “LGBTQ+ equity,” subsidizing single-motherhood, disincentivizing work, and penalizing marriage. These policies should be repealed and replaced by policies that support the formation of stable, married, nuclear families.⁷

The blueprint goes on to state:

For the sake of child well-being, programs should affirm that children require and deserve both the love and nurturing of a mother and the play and protection of a father.⁸

Further, it asserts that the Health and Human Services Secretary “should proudly state that men and women are biological realities that are crucial to the advancement of life sciences and medical care and that married men and women are the ideal, natural family structure because all children have a right to be raised by the men and women who conceived them.”⁹

As part of the effort to center “traditional families,” an undated memo from the Secretary of Transportation announced:

To the maximum extent permitted by law, DOT-supported or -assisted programs and activities, including without limitation, all DOT grants, loans, contracts, and DOT-supported or -assisted State contracts, shall prioritize projects and goals that ... mitigate the unique impacts of DOT programs, policies, and activities on families and family-specific difficulties, such as the accessibility of transportation to families with young

⁶ January 29, 2025 Executive Order <https://www.whitehouse.gov/presidential-actions/2025/01/ending-radical-indoctrination-in-k-12-schooling/> and Project 2025, Chapter 11.

⁷ Project 2025, Page 451.

⁸ Project 2025, Page 481.

⁹ Project 2025, Page 489

children, and give preference to communities with marriage and birth rates higher than the national average.¹⁰

Revoking guidance that prohibited adoption/foster agencies from discriminating based on sexual orientation and gender identity by removing prohibitions against faith-based agencies that will only work with “traditional” families.¹¹

4. Calling for the outlawing of “pornography,” which among other things is defined as “the omnipresent propagation of transgender ideology and sexualization of children” and requiring that “[e]ducators and public librarians who purvey [pornography] should be classed as registered sex offenders.”¹²

Of critical importance is the fact that throughout Project 2025 the authors equate teaching children about non-traditional families, sexual orientation, and sexual identity with child sexual abuse and call for the federal government to pursue the death penalty for perpetrators of child sexual abuse.¹³ It is not beyond the realm of possibility that perpetrators would include librarians and teachers who have been required to register as sex offenders.

Recent concerns related to the sharing of sensitive personal information by DHCS and Covered California. Given how closely this administration is hewing to the policies outlined in Project 2025, in all areas, any legislation that increases data sharing, particularly among state departments that have federal partners with data sharing agreements, should be examined closely.

News reports have recently disclosed that the US Health and Human Services Agency recently shared sensitive personal information of Medicaid recipients that included immigration status with the Department of Homeland Security. The datasets included “information of people living in California, Illinois, Washington state and Washington, D.C., all of which allow non-U. S. citizens to enroll in Medicaid programs that pay for their expenses using only state taxpayer dollars. CMS transferred the information just as the Trump administration was ramping up its enforcement efforts in Southern California.”¹⁴

While states routinely must share extensive data about Medicaid enrollees with the Centers for Medicaid & Medicare Services (CMS), including names, addresses, Social Security numbers, immigration status and healthcare information, that data is supposed to stay confidential. As a result of the disclosure of the data sharing with immigration officials, 20 states, led by California, have sued the federal administration.¹⁵

¹⁰ Lauren Irwin, “Duffy tells DOT to prioritize areas with high birth rates,” *The Hill* (Feb. 3, 2025) <https://thehill.com/homenews/administration/5124322-duffy-dot-transportation-trump-birth-rate/>.

¹¹ *Establishment of The White House Faith Office* (Feb. 7, 2025) <https://www.whitehouse.gov/presidential-actions/2025/02/establishment-of-the-white-house-faith-office/> and Project 2025, Page 494.

¹² Project 2025, Page 5.

¹³ Project 2025, Page 554.

¹⁴ Kimberly Kindy and Amanda Seitz, “Trump administration gives personal data of immigrant Medicaid enrollees to deportation officials,” *Associated Press News* (Jun. 14, 2025) <https://apnews.com/article/medicaid-deportation-immigrants-trump-4e0f979e4290a4d10a067da0acca8e22>.

¹⁵ Office of the Attorney General, *Attorney General Bonta Sues Trump Administration for Illegally Sharing Californians’ Personal Health Data with ICE* (Jul. 1, 2025) <https://oag.ca.gov/news/press-releases/attorney-general-bonta-sues-trump-administration-illegally-sharing-californians%E2%80%99>.

Covered California data sharing with LinkedIn. Recently, a news investigation discovered that Covered California had shared Californians' sensitive personal health data, including pregnancy and intimate partner abuse information with social media site LinkedIn. According to the non-profit news organization, *The Markup*:

As visitors filled out forms on the [Covered California] website, trackers on the same pages told LinkedIn their answers to questions about whether they were blind, pregnant, or used a high number of prescription medications. The trackers also monitored whether the visitors said they were transgender or possible victims of domestic abuse.

[. . .]

Visitors who filled out health information on the site may have had their data tracked for more than a year, according to Donohue, who said the LinkedIn campaign began in February 2024.

The Markup observed the trackers directly in February and March of this year. It confirmed most ad trackers, including the Meta “pixel” tracker, as well as all third-party cookies, have been removed from the site as of April 21 [2025].¹⁶

Both of these incidents, combined with the agenda detailed throughout Project 2025 and the speed with which the federal government has moved to implement that agenda warrant extra attention when considering any legislation that increases the sharing of sensitive personal information, particularly that which may expose a person's gender identity and sexual orientation.

As currently drafted, this bill does not appear to include adequate privacy protections. By allowing DPH to share personally identifying test results with DHCS who will further share a portion of the data with Medi-Cal managed care plans without making patients aware of the sharing or allowing them to opt out of the sharing, the bill potentially puts close to 150,000 Californians at risk of having their information inappropriately shared.

6) Amendments. In order to address the concerns raised by this Committee, the author has agreed to significantly modify the bill to do the following:

1. Eliminate the data sharing through multiple parties and instead limit the sharing to the physicians of Medi-Cal beneficiaries who are HIV positive, with those patients' Medi-Cal managed care plans.
2. Limit the data shared with DHCS to only that which has been deidentified by shifting the way the data is shared so that once the managed care plan receives it, it will be required to remove any identifying information about its patients prior to reporting the data to DHCS.
3. Delay the implementation of the data sharing until DHCS creates a mechanism that allows patients to opt out of having their physician share they test results with their managed care plan.

¹⁶ Tomas Apodaca and Colin Lecher, “Pixel Hunt: How California sent residents' personal health data to LinkedIn,” *The Markup* (Apr. 28, 2025) <https://themarkup.org/pixel-hunt/2025/04/28/how-california-sent-residents-personal-health-data-to-linkedin>.

Specifically, the amendments are the following:

SECTION 1. Section 120985 of the Health and Safety Code is amended to read:

120985. (a) (1) Notwithstanding Section 120980, the results of an HIV test that identifies or provides identifying characteristics of the person to whom the test results apply may be recorded by the physician who ordered the test in the test subject's medical record or otherwise disclosed without written authorization of the subject of the test, or the subject's representative as set forth in Section 121020, to the test subject's providers of health care, as defined in Section 56.05 of the Civil Code, except as described in paragraph (3), for purposes of diagnosis, care, or treatment of the patient.

(2) (A) Notwithstanding Section 120980, and except for persons who have opted out through the mechanism described in subparagraph (BC), the results of an HIV test that identifies or provides identifying characteristics of ~~the~~ **a Medi-Cal beneficiary** ~~person to whom the test results apply~~ may be disclosed without written authorization of the subject of the test, or the subject's representative as set forth in Section 121020, to ~~State Department of Health Care Services staff and~~ the Medi-Cal managed care plan to which the ~~person~~ **beneficiary** is assigned, if applicable, **once the opt-out mechanism described in (C) is implemented**, for the purpose of administering quality improvement programs, including, but not limited to, value-based payment programs and healthy behavior incentive programs, designed to improve HIV care for Medi-Cal beneficiaries.

(B) Notwithstanding Section 120980, HIV test results that do not identify or provide identifying characteristics of the subjects of the tests may be disclosed without written authorization by the Medi-Cal managed care plan to State Department of Health Care Services staff for the purpose described in subparagraph (A).

~~(BC)~~ The State Department of Health Care Services, in consultation with the State Department of Public Health, shall develop a mechanism by which a Medi-Cal beneficiary may opt out of the disclosure of the results of an HIV test that identifies or provides identifying characteristics of the beneficiary to ~~State Department of Health Care Services staff or~~ the Medi-Cal managed care plan to which the beneficiary is assigned for the purpose described in subparagraph (A). This mechanism shall be implemented no later than December 31, 2026.

(3) Except for a Medi-Cal managed care plan to which a beneficiary is assigned, the results of an HIV test that identifies or provides identifying characteristics of the person to whom the test results apply may not be disclosed without written authorization of the subject of the test, or the subject's representative, to a health care service plan regulated pursuant to Chapter 2.2 (commencing with Section 1340) of Division 2.

(4) This subdivision shall be construed as being subject to Sections 120975 and 120980, including for purposes of individuals or entities described in this subdivision.

(b) (1) Recording or disclosure of HIV test results pursuant to subdivision (a) does not authorize further disclosure unless otherwise permitted by law.

(2) Paragraph (1) also applies to further disclosure to any federal agency or any authority in another state, unless otherwise required by federal law.

The amendments also delete section 2 of the bill.

ARGUMENTS IN SUPPORT: The San Francisco Aids Foundation, sponsors of the bill, write in support:

More than 40 years after the first cases of HIV/AIDS in the United States were reported, our country is still struggling to end this devastating epidemic. We have all the scientific tools we need to do so, including HIV treatments that can suppress the amount of the virus in a person's body to the point they cannot transmit HIV through sex. Despite these medical advances, here in California, more than 50,000 people living with HIV are not "virally suppressed." Many of these Californians have not been able to achieve viral suppression due to mental-health conditions, substance-use disorder, or housing instability. Others are simply struggling to navigate the convoluted and exclusionary healthcare system. To engage and retain this population in effective HIV care, our state will need more than innovative drugs; we will need innovative systems that address behavioral health and the social determinants of health, in addition to physical health.

California policymakers have worked hard to make Medi-Cal just such a system, shifting the financial incentives for managed-care plans (MCPs) and healthcare providers away from providing billable services and toward achieving health outcomes (which requires providing whole-person care). Research shows that in our state and beyond, this shift toward "value-based payment" is positively affecting patients' health. And, it has the potential to positively affect many HIV patients' health: Over 40,000 people living with HIV are enrolled in Medi-Cal, and data suggests that one out of every four is not engaged in essential HIV care.

Unfortunately, state law currently prevents the use of value-based payment strategies on HIV. This is because state law prohibits the disclosure of HIV lab-test results to MCPs and the Department of Health Care Services (DHCS). DHCS cannot reasonably base payments to MCPs on their members' HIV health outcomes if the plans cannot receive data telling them which of their members are experiencing poor HIV health outcomes and need extra support. HIV lab-test results are already regularly reported to the California Department of Public Health (CDPH); the only barrier to utilizing it in Medi-Cal is state statute. SB 278 would eliminate this barrier, by amending the two sections of the Health and Safety Code that block CDPH from sharing HIV lab-test results with DHCS and MCPs.

Recognizing that these code sections exist because HIV has been used as grounds for discrimination and criminalization—and that the current political climate demands a conservative approach to information-sharing—SB 278 is thoughtfully constructed to achieve its goal of improving HIV care for Medi-Cal patients without increasing patients' risk of harm.

Also in support, the LGBTQ Legislative Caucus writes:

In California, we have extensive resources to support those living and at risk of HIV. Over 42,000 Californians with HIV rely on Medi-Cal for care, making up nearly a third of the state's HIV-positive population. However, about one in four Medi-Cal enrollees with HIV aren't receiving essential care like viral-load testing, often due to lack of support, such as case management.¹ The Medicaid program features several tools that can be used to promote access to and ongoing engagement in health services for people with health risks, including HIV.

In spite of this, the state's existing tools have not been entirely effective to address viral-suppression rates. One of the primary reasons for this is that state law does not allow the sharing of public-health data about HIV viral-load suppression with MCOs and DHCS. Without data on which enrollees are virally suppressed, DHCS cannot feasibly reward MCOs for achieving high viral-suppression rates among their enrollees, MCOs can't reward providers for doing the same among their patients, and neither DHCS nor MCOs can reward enrollees for reaching and sustaining viral suppression.

SB 278 allows Medi-Cal enrollees living with HIV to benefit from these incentive programs by allowing viral-load information to be shared confidentially for the purpose of administering quality-improvement programs. For these reasons, the California Legislative LGBTQ Caucus is proud to support this 2025 endorsed bill.

REGISTERED SUPPORT / OPPOSITION:

Support

San Francisco Aids Foundation (Sponsor)
Bienestar Human Services
California Legislative Lgbtq Caucus
California Pan - Ethnic Health Network
Dap Health
End the Epidemics: Californians Mobilizing to End Hiv, Viral Hepatitis, Stis, and Overdose
Equality California
Essential Access Health
Glide
Health Access California
Los Angeles Lgbt Center
Sunburst Projects
Viiv Healthcare

Opposition

None on file.

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